

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP:
(Other instructions
verse side)

VE
re

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 069280-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LISA "A" FEDERAL

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

SULIMAR

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC. 24-T15S-R29E

12. COUNTY OR PARISH

CHAVES

13. STATE

NEW MEXICO

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

JACK L. MCCLELLAN

3. ADDRESS OF OPERATOR

Box 848, ROSWELL, NEW MEXICO 88201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

660' FSL & 1980' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3907' G. L.

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

8-5/8" CASING

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

XX

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

ON JULY 9, 1969, RAN 383' OF USED, J-55, 23#, 8-5/8" CASING, CEMENTED
WITH 50 SACKS.

DENTON OIL WELL CEMENTING COMPANY PERFORMED THE CEMENT JOB.

RECEIVED

JUL 10 1969

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and correct

SIGNED

Lois Taylor

TITLE SECRETARY

DATE JULY 9, 1969

(This space for Federal or State office use)

APPROVED BY

John A. Smith

TITLE

DISTRICT ENGINEER

DATE JUL 10 1969

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side